

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	MICROORGANISMS AND PROCESSES FOR ENHANCED PRODUCTION OF PANTOTHENATE
Attorney Docket Number::	BGI-154B
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	12
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	R.
Middle Name::	Rogers
Family Name::	Yocum
City of Residence::	Lexington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	4 Orchard Lane
City of mailing address::	Lexington

State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02420

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: A.  
Family Name:: Patterson  
City of Residence:: North Attleboro  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address::  
89 Church Street  
City of mailing address:: North Attleboro  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02760

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Janice  
Middle Name:: G.  
Family Name:: Pero  
City of Residence:: Lexington  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 20 Solomon Pierce Road  
City of mailing address:: Lexington  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02420

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theron  
Family Name:: Hermann  
City of Residence:: Kinnelon  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 18 Chilhowie Drive  
City of mailing address:: Kinnelon  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 07405

**Correspondence Information**

Correspondence Customer Number:: 00959

**Representative Information**

Representative Customer Number:: 00959

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/393826	07/03/02